

ACCOUNT CHANGE REQUEST

Account owner: Please use this form to make changes to your payment plan or to add a Custom Monthly Plan to your existing Lump Sum Plan.** Changing your payment plan may affect when you can use your GET units. Please call us at 1.800.955.2318 for more information.

Current Account Information

Account Number _____

Account Owner _____ SSN or TIN _____

Student Beneficiary _____ SSN or TIN _____

Mailing Address _____ City/State/Zip _____

Reason for Change _____

1. Account Changes:

- ☐ **Convert** my Custom Monthly Plan to a Lump Sum Plan.
- ☐ **Reduce** the number of units in my Custom Monthly Plan from _____ units to _____ units (*must be in 50 unit increments*).
- ☐ **Reduce*** the number of years in my Custom Monthly Plan from _____ years to _____ years.
- ☐ **Increase*** the number of years in my Custom Monthly Plan from _____ years to _____ years.
- ☐ **Add**** the following Custom Monthly Plan to my existing Lump Sum Plan: (*Please complete the following*):
- _____ units to be bought over _____ years for a monthly payment of \$ _____.
- ☐ **Other** _____

** Call us for more information. Some limitations apply.*

*** A Custom Monthly Plan can be added only during an open enrollment period.*

2. Automatic Payments - Automatic monthly withdrawal from your checking or savings account (ACH):

Automatic monthly withdrawals (ACH) can be made from your checking or savings account. To set up a new ACH, you must complete an Automatic Withdrawal Authorization form, available for download from www.get.wa.gov

- ☐ **Inactivate the ACH** for this GET account.
- ☐ **Change the ACH amount** for this GET account to \$_____.

To change payroll deductions, the employee must submit to his or her payroll department an Authorization for Payroll Deduction form, available for download from www.get.wa.gov

Account Owner's Signature - Required

Only the Account Owner may authorize changes to this account.

I certify under penalty of perjury that I am the legal Account Owner and I authorize these requested changes to my Guaranteed Education Tuition Program account indicated above.

Account Owner's Signature

Date

Account Owner's Email Address

Send to: Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or 360.704.6200 (Fax)

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Questions: GETInfo@hecb.wa.gov or 1.800.955.2318